



State of Washington
Business Licensing Service
PO Box 9034
Olympia, WA 98507-9034
1-800-451-7985

UBI
Owner name

Agriculture Addendum

This supplemental form may only be submitted as an attachment to the Business License Application.

A Basic information

Business name

B Complete this section for Pesticide Dealer

1.	Name of designated dealer-manager for this location	License qualification number		
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2.	If this is an out-of-state firm , complete the agent information below. The agent must reside in Washington.			
	Legal agent name			
	Legal agent address	City	State WA	Zip code

C Complete this section for Nursery Retailer/Wholesaler

- Indicate which one of the following describes your **primary** nursery business activity:
☐ Garden center ☐ Propagation/production ☐ Landscaper ☐ Landscape supplier ☐ Florist
- Are you propagating plant material?..... ☐ Yes ☐ No
- Do you ship plant materials out of Washington? ☐ Yes ☐ No
- Do you propagate Cydonia, Chaenomeles, Malus, Prunus, Pyrus or Vitis? ☐ Yes ☐ No